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UNITED NATIONS CHILDREN'S FUND
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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Burkina Faso

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Burkina Faso for the period 1996 to 2000 in the amount of $14 million from general resources, subject to availability of funds, and $34,375 million in supplementary funds, subject to the availability of specific-purpose contributions.

(b) The allocation of a supplementary appropriation of $260,000 from general resources for the country programme approved for the period 1994 to 1996 for which the funds from general resources already approved are insufficient to complete the programme.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Situated in the heart of West Africa, Burkina Faso covers an area of 274,200 km^2. Its population, which was estimated at 9.8 million in 1993, is 85 per cent rural, and it has a population density of 33 inhabitants per km^2. Children below the age of 5, those below the age of 15 and women represent 18 per cent, 46 per cent and 51 per cent of the population respectively.

2. In 1993, with a gross national product per inhabitant of $300, Burkina Faso was classified among the least developed countries. The living conditions of its population are precarious owing to a combination of factors including the successive cycles of drought with which the country has been confronted since 1973, a long-lasting economic crisis and high annual demographic growth which was estimated at 2.6 per cent in 1992. These factors create great pressure on natural resources and an accelerated degradation of the environment.

3. The growth of the agricultural sector, which is the country's economic backbone, and which was estimated at 1.65 per cent between 1990 and 1993, and of the gross domestic product per inhabitant, which was estimated at $300 in 1993 before the devaluation of the African Financial Community franc (CFA) in January 1994, conceal great regional disparities. During the 1980s the country's public finances were characterized by great tensions owing to the imbalance of the State's budget and external accounts. The goal of improving the State's income established by the successive structural adjustment programmes implemented by the Government since 1991 has not been attained. Burkina Faso continues to face financial problems and extensive arrears in foreign debt payments.

4. The infant mortality rate is 99 per 1,000 live births, the below-five mortality rate is 175 per 1,000 live births and the maternal mortality rate is 810 per 100,000 live births. These rates indicate the prevalence of infectious and parasitary diseases. The below-five mortality and morbidity rate is chiefly due to malaria, diarrhoetic illnesses and acute respiratory infections (ARI). The acquired immunodeficiency syndrome (AIDS) may become one of the major causes of mortality in the next five years. While 10 cases of AIDS were recorded in 1986, the number increased to 1,073 in 1992. According to the serological data on AIDS, an explosion of the epidemic took place between 1990 and 1991, reflected in human immunodeficiency virus rates among pregnant women of 17 per cent in 1992 at Gaoua (near the frontier with the Côte d'Ivoire and Ghana) and 8 per cent at Bobo-Dioulasso (the second city and economic capital of the country). The progress of the disease in coming years may jeopardize the progress achieved in various sectors, including that of health, and leave thousands of children orphans.

5. The average national health coverage is estimated at 94 per cent. This figure conceals geographic disparities and a heavy concentration of resources in urban areas. Community participation and the motivation of health workers, which became a reality in 1992, should continue to ensure the quality of care and the availability of essential drugs.

6. Other causes of the extensive prevalence of illnesses are the inadequate safe water and sanitation coverage of the population and its poor habits with regard to health and hygiene. These factors, which are heavily conditioned by social and cultural constraints, are also a result, inter alia, of the very high rate of illiteracy, which is estimated at 82 per cent.

7. The demographic survey of 1993 showed that about 11 per cent of children were underweight at birth, with a weight of less than 2.5 kgs. Among children under five, moderate and severe malnutrition are widespread (on the order of 13 and 29 per cent respectively) and moderate and severe weight deficiencies affect 30 and 8 per cent respectively. Micronutritional deficiencies are also a public health problem. Iodine deficiencies are endemic in 25 out of 30 provinces, with rates varying between 0.5 and 45 per cent sometimes affecting up to 52 per cent of children and 45 per cent of women. In addition, 16 per cent of the total population suffers from goitre. Four to 18 per cent of children under five suffer from vitamin A deficiencies, depending on the province, while iron-deficiency anaemia among pregnant women amounts to 40 to 70 per cent.

8. One out of every two inhabitants is threatened by food insecurity; it is a chronic problem for 20 per cent of the population. The essential causes are inadequate food availability at the national, community and family levels, low household income, poor food habits, inadequate access to and poor quality of health care, and the lack of hygiene.

9. Access to drinking water, which covers 51 per cent of the urban population and 72 per cent of the rural population, is improving. However, these rates conceal disparities and an unequal distribution among the provinces. Following the initiation of a plan for the eradication of dracunculiasis (Guinea worm), the number of cases of that disease fell from 42,187 in 1990 to 8,281 in 1993. The surveillance data, analysed according to a system of geographic information, showed that the provinces with the highest rates of access to drinking water were those in which the illness was most widespread. Several factors explain this apparent contradiction: the neighbourhoods are dispersed and the population prefers to supply itself at the closest water points, even if they are polluted; the cost and taste of the water; long waits at the pump because of frequent breakdowns, and the often inadequate management of the water committees. The many episodes of diarrhoea, which average three to five per child per year, point to a disturbing situation with regard to health education, hygiene and environmental sanitation. In 1990, less than 10 per cent of the population had access to an adequate sanitation system. The use of wood fuel by households amounts to 60 to 70 per cent depending on the provinces.

10. In spite of the considerable efforts already made, Burkina Faso occupies the next to last place in the subregion with respect to basic education. The rate of primary school attendance is estimated at 37 per cent (29 per cent for girls and 46 per cent for boys). In 1990 the total literacy rate was estimated at 18 per cent; it is higher among men (28 per cent) than among women (9 per cent). Among the factors explaining Burkina Faso's lag in the educational field are the lack of school infrastructures, the low quality of the teaching, the poverty of the population and socio-cultural beliefs and practices unfavourable to the education of girls.

11. Burkinabian society is essentially patriarchal and the family is characterized by the preeminence of the oldest men over women and young people. The power of decision belongs to the traditional chiefs, the patriarchs and the heads of families. Although women represent 51 per cent of the total population and constitute a majority of the active population, their contribution to economic and social development is generally unrecognized or unquantified. The Burkina Faso authorities are attempting, within the framework of the personal and family codes, to improve the condition of women. But enormous social disabilities persist, and keep women in an inferior status which handicaps their participation in decision-making and access to essential means of production. This is true in particular with regard to rural property. About 80 per cent of women are illiterate. Consequently, they cannot take advantage of information and training programmes. The other negative factors which characterize the existence of women are the difficulty of household work because of the absence of appropriate technology, the tasks of water and wood collection in a particularly difficult natural environment characterized by drought, a high maternity rate (7 children per woman), and high maternal morbidity and mortality. Burkina Faso women have their first child at the age of 19. Although 67 per cent of women know a modern method of contraception, less than 10 per cent make use of them. In spite of the fact that women contribute to production, and the creation of economic benefits, they cannot enjoy them and remain generally dominated and exploited by men.

12. Examination of the life cycle of girls shows that, as compared with boys, they are the victims of many forms of conscious or unconscious discrimination which begins within the family. As a girl grows up, she accumulates specific handicaps which jeopardize her future. This is true both for access to essential care and to school and for the investments parents are prepared to make. The Burkinabian girl is exposed to harmful traditional practices such as excision and nutritional taboos; precocious sexuality; unwanted, numerous, too closely spaced and high-risk pregnancies; forced marriage; school failure and limited prospects for professional or personal achievement.

13. The Burkinabian family is in full evolution. It is undergoing great changes because of the introduction of new techniques of production and forms of consumption which in turn give rise to new behaviours. Although the traditional family continues to exist in rural areas, new forms of family life (nuclear and single-parent) are gradually emerging. These changes lead to disturbing social phenomena, for example that of street children, of whom there were 5,305 in the country's two chief cities, Ougadougou and Bobo-Dioulasso, in 1990, or that of children and women living in especially difficult conditions (abandoned children, morally endangered girls, etc.). These phenomena also reflect the precarious conditions in which the Burkina Faso family and people are developing, among other reasons because of the persistence of a severe economic crisis which is accelerating and aggravating both urban and rural poverty. Since 1991 the Government has taken measures accompanying the programmes of structural adjustment in the social sector, particularly in the fields of health, education and employment. These measures, which were strengthened at the beginning of 1994 to protect the most vulnerable groups, demonstrate the social commitment of the Burkina Faso authorities, who are aware that the devaluation of the CFA franc will in the short term worsen the living conditions of the most deprived population groups.

14. The process of democratization, launched in 1991 with the adoption of a new constitution and the holding of presidential and legislative elections under universal suffrage, is a factor making for the country's political stability. Moreover, Burkina Faso is pursuing efforts of decentralization and regional integration intended to promote the search for means of ensuring participatory and lasting development involving the population at the local level. It is within this general climate of development that the Government, in cooperation with UNICEF and its other partners, is seeking to provide answers for the specific problems facing the women and children of Burkina Faso. In that context, the Convention on the Rights of the Child, ratified in 1991, the National Programme of Action drawn up in 1991 to achieve the decade goals and the plan of work prepared in 1993 to achieve the 1995 mid-decade goals provide an unprecedented frame of reference for the cooperation between Burkina Faso and UNICEF.

PROGRAMME COOPERATION, 1994-1995

15. The programme was established to consolidate and refocus the activities initially provided for in the 1993-1994 programme. It sought to reduce the rates of maternal and child mortality by pursuing the interim mid-decade goals established by the Bamako consensus and by consolidating the national bases for achieving the goals of the year 2000. The 1994-1995 programme has refocused the cooperation between the Government and UNICEF by giving greater priority to sectors previously secondary to health, including basic education and family support, while emphasizing the development of quality basic services, supporting the definition and formulation of national social development policies and strengthening national capacities in the planning and management of social programmes by giving emphasis to increasing the skills of women, families and communities as an intervention strategy.

16. The country programme, in which the sectoral programme on social planning, monitoring and evaluation was expanded, was intended to strengthen national capacities in those fields. The technical assistance and equipment provided under that heading made it possible to initiate the inventorying and systematic analysis, including detailed breakdown by category, of the social data and to begin the establishment of a community-based monitoring system (sentry posts) for social indicators. A monitoring committee of the National Action Programme was established and indicators identified for monitoring the situation of children and women. Strategies were also formulated, in cooperation with the programme on social communication and information, for promoting both the rights of children and women and the social dimensions of development.

17. The objective of the social communication and information programme was to increase the use of basic services by the communities and to enable local authorities to associate communities with all phases of the process of initiation, planning and management of development activities. The programme made it possible, through social mobilization activities targeted at decision makers, non-governmental organizations and civil society, to create an environment in which the population is better informed of the situation and rights of children and women. The activities carried out made it possible to promote themes capable of generating support by the population and decision

makers of the mid-decade goals, the revitalization of basic health care through the Bamako Initiative and the education of girls. The effect of all these activities on community behaviour in the priority areas of hygiene, sanitation, health and the education of girls is not yet known, but should be given special and sustained attention during the next cooperation cycle.

18. The health programme made possible a revitalization of the health centres on the basis of the Bamako Initiative adopted in 1992 as an essential pillar of the national policy of development of basic health care with the agreement of all partners. In 1993 a system was established which should guarantee the population a minimum package of quality services. This system, which is based on the principle of co-financing and co-management of the basic health services by the communities themselves, was accompanied by governmental legislation making possible the financial and administrative independence of the health centres and district hospitals by defining the functional relations between the two levels. Thanks to the concerted and coordinated action of the main partners, a central purchasing service for essential generic drugs has been in operation since June 1994, and beginning at the end of 1995 800 health centres and district hospitals will offer the population a minimum package of quality services. In addition to technical assistance, UNICEF has been able to ensure the supply of essential medicines to 500 health units through access by the Government to financing made available by the International Development Association. UNICEF has also supported the training, at all levels, of health workers and members of management committees, the planning and provision of management tools, the establishment of supervision and monitoring systems and the social mobilization of communities. It has also been possible to accelerate the mid-decade objectives within the framework of this programme. Thus the expanded programme of immunization (EPI) has been given special attention through the strengthening of supervisory systems, local monitoring of the immunization coverage of the target population and identification of incompletely immunized children. Oral rehydration therapy (ORT) activities have been given new impetus through the definition of national policy and the participation of women's groups in community mobilization. Two national and 21 regional hospitals as well as maternity clinics will soon be recognized as "baby friendly" hospitals.

19. With respect to micronutrients, legislation for the import and exclusive use of iodized salt is being adopted. The programme for vitamin A supplementation has been in operation since 1994 with the cooperation of the World Bank in the areas where that deficiency is endemic. The pursuit of mid-term objectives has also made it possible to explore a new approach including use of an extensive network of women's groups in Burkina Faso to increase health care demand. In 1994 most of the women's groups of 20 provinces, or about 600 leaders, were given basic training enabling them to undertake regular monitoring of the activities being carried out in pursuit of the interim objectives. In cooperation with the community development programme, some 3,590 leaders were given training on the themes of health, hygiene, nutrition and infant development of a kind appropriate for helping to achieve the mid-term objectives. This approach also made it possible to include women in the health committees established in the framework of the Bamako Initiative strategy. As a part of the effort to combat sexually transmitted diseases (STD) and AIDS, preventive activities were initiated in 1994 among

young people aged 10 to 19 at Bobo-Dioulasso and will be operational at Ougadougou in 1995.

20. The education programme was intended to increase school attendance, especially among girls, to improve teaching quality and to increase the literacy rate. Several in-depth studies of low school attendance, particularly among girls, were carried out between 1993 and 1994, including one dealing with the cost-effectiveness of the basic education financed by UNICEF. These studies showed that a significant increase in the enrolment rate, particularly among girls, could be achieved only by introducing innovative approaches within the framework of both formal and non-formal schooling. Two innovative approaches, satellite schools and non-formal basic education centres, were introduced in order to expand access, recover school leavers and reduce school-leaving rates. These projects will be in operation in 20 of the country's 30 provinces beginning with the September 1995 school year, and this stage will complete the preparatory activities launched in 1993. These activities have made it possible to develop the tools needed for the operational implementation of the new approaches, including the organization of community participation, the establishment and preparation of the contents of the programmes, the methods of administration of the new system and the choice of sites.

21. The water and sanitation programme achieved its objective, which was to give greater emphasis, within the framework of dracunculiasis eradication, to raising the awareness of the population concerning simple preventive measures and the provision of safe water to the dracunculiasis-endemic villages on a priority basis. This refocusing of the programme was carried out beginning in 1994, by giving increased attention to the behavioural aspects of hygiene, sanitation and basic environmental protection, and by placing greater emphasis on the permanence of the installations. In view of the predominant role played by women in water management, the programme has also made it possible to increase the number of women participating in each water committee (4 women to 3 men).

22. The goals of the community development and family support programme were to increase the capacity of the national authorities to plan activities relating to food security, nutrition and the improvement of the situation of children living in especially difficult circumstances. The national food security programme drawn up in 1994 should help make it possible in the future to implement activities directed towards ensuring household food security. The other activities of the programme dealt with encouraging the production and popularization of infant formula, experimenting with a system of nutritional surveillance in one province and the nutritional and sanitary education of communities with the help of women's networks. The results of these activities remain difficult to evaluate. The women and development dimension, another important component of the programme, was organized around advancement of the condition of women through the granting of credit facilities, training and the provision of appropriate technological means and the discouragement of harmful traditional practices. In urban areas, UNICEF also continued its support of the open-air educational action project intended for the protection and reintegration of children living in especially difficult circumstances. Lastly, the experimental project on integrated basic services in poor urban areas made it possible to launch the mobilization of the communities concerned around

environmental sanitation and health activities and improvement of the condition of women.

Lessons learned

23. The country programme has shown the need to establish a reliable system for the collection, analysis, monitoring and evaluation of social data in order to guide social planning; to promote and encourage the support and effective participation of the beneficiary populations in the planning and implementation of development programmes; to strengthen coordination with all the development partners (multilateral and bilateral institutions and NGOs) in order to maximize effective use of available resources; and to help with the definition and preparation of sectoral policies, while adopting transversal or intersectoral strategies making possible synergistic effects between the different fields of the social sector.

RECOMMENDATION CONCERNING THE ALLOCATION OF A SUPPLEMENTARY APPROPRIATION FROM GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

Current programme cycle	Approved funds from general resources a/	Supplementary funding proposed	
		1995	Total
	2 800	260	260

a/ Amount shown includes actual balance from previous programme cycle.

24. The country programme for Burkina Faso for the 1994-1995 period was approved by the Executive Board in 1994 with an appropriation of $2.8 million from general resources (E/ICEF/1994/P/L.20). In addition, the Board had in 1993 approved a short-term programme for the 1993-1994 period with an appropriation of $5.5 million from general resources (E/ICEF/1993/P/L.25). In 1994, the annual planning level from general resources was increased by $260,000. Accordingly, an additional amount of $260,000 is necessary to accelerate progress towards the mid-decade objectives.

RECOMMENDED PROGRAMME OF COOPERATION, 1996-2000

General resources: $14 million
Supplementary funding: $34,375,000

Recommended programme of cooperation a/

(Thousands of United States dollars)

	General resources	Supplementary funding b/	Total
Social policy and planning	1 125	1 375	2 500
Social advocacy and mobilization	1 600	2 255	3 855
Community health and nutrition	2 525	11 375	13 900
Basic education	2 500	9 510	12 010
Water supply, sanitation and basic environmental protection	2 400	8 035	10 435
Community development and family support	2 100	1 825	3 925
Programme support	1 750	-	1 750
TOTAL	14 000	34 375	48 395

a/ The breakdown of estimated annual expenditures appears in table 3.

b/ In addition to the projects to be financed from supplementary funding already available, as indicated in table 3.

Process of preparation of country programme

25. Begun in 1993 with an analysis of the situation of women and children, this process has taken into account the results of a series of evaluations and sectoral studies carried out during the implementation of the programme. The Ministry of Planning coordinated this process, which lasted almost a year. During that time, an interministerial committee led by the Planning Directorate of the Ministry worked with the UNICEF team in a way making it possible to alternate problem and priority action identification meetings or workshops with more formal sessions intended to ratify the consensus reached. The Regional Office for West and Central Africa and UNICEF headquarters followed this programming process closely, supplying the technical and administrative support needed and participating in important meetings.

Place of the country programme in the national development plan

26. The programme cooperation recommended for the period 1996-2000 is an integral part of Burkina Faso's national development plan, to which it will contribute by acting as a catalyst for the anti-poverty campaign. To do so, it will be necessary to ensure access to basic social services to the greatest possible number of people, promote and support the definition and formulation of social development policies and strategies, and mobilize the funds needed from communities, Government and donors in order to achieve the objectives of child

survival, development and protection as laid down in the National Action Programme.

Objectives and structure of the programme

27. The programme, which extends to the end of the decade, will endeavour to consolidate the results achieved in pursuing the mid-decade objectives and contribute to achieving the decade objectives, as laid down in the National Action Programme: to reduce the rate of infant mortality to 70 per 1,000 live births, the rate of under-five mortality to 123 per thousand live births and the rate of maternal mortality to 300 per 100,000 live births; to reduce to 15 per cent the rate of moderate and severe malnutrition among children under five; to increase safe water and sanitation coverage to 50 per cent in rural areas and 80 per cent in urban areas; to increase the gross rate of school enrolment to 60 per cent, improve teaching quality and increase the rate of functional adult literacy to 40 per cent, and to improve the situation of children living in especially difficult circumstances.

28. These objectives will be pursued by implementing six programmes, three of which are sectoral in scope (community health and nutrition; basic education; water supply, sanitation and basic environmental protection), while three constitute transversal or intersectoral actions (community development and family support; monitoring and evaluation; social mobilization and advocacy).

Programme strategies

29. The country programme will be based on a combination of the six following strategies: (a) actual participation by the benefiting population groups in the activities undertaken, and strengthening of the decision-making power of women; (b) the strengthening of national capacities in the field of social planning; (c) systematic use of the tools of social mobilization to develop a partnership in favour of children on the basis of the decade objectives; (d) the use of appropriate technologies and local initiatives; (e) the strengthening of machinery favouring the integration of the activities of different sectoral programmes; and (f) promotion of the decentralization of the planning and management of the various projects. These strategies will be employed synergistically in order to reduce costs and generate a dynamic of lasting and participatory development involving communities in the activities intended to improve their living conditions. These strategies will be combined in accordance with the critical contribution one or the other can make to carrying out the priority activities which will ensure a positive impact on the most vulnerable and deprived population groups.

Social planning, monitoring and evaluation

30. The objectives of this programme are to increase the technical competence of the national technicians with respect to monitoring the situation of children and women through better management and use of social data; to develop the capacity to understand, monitor and evaluate social indicators at the community level and to ensure the monitoring and evaluation of the inputs and results of the programme. These objectives will be achieved by means of the projects on social policy planning and monitoring and evaluation.

31. The objective of the social planning programme is to strengthen national and subnational capacities in the collection, analysis and use of social data. The activities of the social policies planning project will consist of: (a) the training of Government officials, members of NGOs and other partners in methods of planning, monitoring and evaluation; (b) the collection, analysis and dissemination of data indicative of trends which would motivate and guide the actions planned; and (c) the establishment of sentry posts. Social mobilization will draw the themes for advocacy from the data collected.

32. The objective of the monitoring and evaluation project is to strengthen the systems of national and regional monitoring of the various sectoral programmes, in particular those of contributions (inputs), accomplishments (or coverage) and effects, so as to make available a permanent and dynamic basis for evaluation of the situation of children and women.

33. UNICEF will provide financial and technical support including the contribution of supplies and equipment to promote the training of local workers in methods of collection, use and analysis of social data. UNICEF will likewise support community organization for the management of sentry posts and strengthen national operational capacities through the establishment of a computerized social data management system.

Social mobilization and advocacy

34. The social mobilization and advocacy project will make possible: (a) the production and dissemination of articles on the Convention on the Rights of the Child; (b) the production and dissemination of audiovisual aids on the priority themes; (c) the dissemination of the information kit on the country to mobilize development partners in favour of the children of Burkina Faso; (d) the organization of visits by the national committees and other fund providers to project sites; (e) the training of Government workers, including teachers, with respect to the rights of children; (f) support for the constitution of a parliamentary group supporting the cause of women and children; (g) the celebration of certain events (publication of All the World's Children), national culture week, the African film festival, World AIDS Day, etc.) in all the regions; and (h) the teaching of lessons on the rights of children in at least 100 primary schools, 10 literacy centres and 10 secondary establishments. The project will also make it possible to ensure follow-up of the recommendations of recent international conferences on development.

35. The basic objective of the advocacy and social mobilization project is the advancement of the rights of children through the effective implementation of the Convention on the Rights of the Child at all levels while working to increase financial resources and encourage their better use on behalf of the social sectors.

36. The communication and social mobilization project is intended to mobilize and involve the largest possible number of people in social development activities by providing them with the basic information and the means of information and training enabling them to carry out sustained action.

37. The communication and social mobilization project will carry out the following activities: (a) production and dissemination of all the supports needed for the attainment of the decade objectives (National Action Programme and country programme); (b) coordination of the preparation of information and education supports for the sectoral programmes; and (c) training of communication workers. The project will provide logistical support for the media (television, press and traditional) to facilitate the dissemination of messages.

Health and nutrition

38. This programme, which continues activities undertaken in the preceding programme, should contribute to reduction of the rates of infant, maternal and child mortality through the expansion of the basic health services by means of the Bamako Initiative strategy. This objective will be pursued through a health and a nutrition project.

39. The objectives of the health project are the eradication of poliomyelitis; reduction of the mortality rates from measles and diarrhoea in under-five children by 90 and 50 per cent respectively and the reduction of the morality rate from ARI in children under five by 30 per cent as compared with the 1990 rates. This project will make it possible to reduce the prevalence of STDs and thus contribute to delaying the progression of AIDS. The project will include activities strengthening the national institutions; the extension of health care for pregnant women, the mother-child couple and sick children and activities to combat STDs and AIDS. The institutional strengthening will be carried out by the updating of supervisory, management and training tools, implementation of the minimum package of activities provided by the health units; the provision of supplies, basic equipment and essential drugs for the district health units; the supervision of training at the district level for health workers (health centre workers, supervisors of pharmaceutical stocks, members of the pilot team and of management committees); advocacy to increase the demand for services; and operational research to guide and strengthen planning at the local level. The extension of health services to pregnant women, the mother-child couple and sick children will make it possible to provide preventive services, treatment of communicable diseases and safe maternity and nutrition services to the target groups. Anti-STD and AIDS activities will consist of prevention through communication and social mobilization activities targeting young people between 10 and 19, and STD and AIDS services (detection and treatment) within the framework of the Bamako Initiative.

40. The nutrition project is intended to: (a) reduce the incidence of low birth weight to less than 10 per cent (as compared with 1990 rates); (b) reduce the rates of iron deficiency anaemia among pregnant women and children below the age of five by a third; (c) consolidate and improve the results achieved in 1995 in eliminating iodine and vitamin A deficiency disorders; (d) encourage exclusively maternal nursing for four to six months; and (e) increase the number of "baby friendly" hospitals. The project will carry out two kinds of activities, to reduce protein-energy malnutrition and micronutrient deficiencies. With regard to protein-energy malnutrition, the project will identify 500 village sites in which such activities will be carried out as (a) the promotion of infant growth with community support; (b) the training of

community workers (networks of women village leaders, matrons, organizers, etc.) who should be provided with supplies (scales, information collection supports, growth rate forms, armbands) and the tools needed for practical demonstrations, and (c) the organization of regular infant weighing meetings, including analysis and interpretation of the results in cooperation with mothers and other members of the community. Dialogues with families and communities to find solutions to nutritional problems and the production of educational supports to facilitate the dissemination of messages are other activities of the project. With respect to micronutritional deficiencies, the project will make it possible to train staff for the distribution of vitamin A, iron and foliates and iodized salt capsules. It will make possible: (a) the supplying of micronutrients (vitamin A, iron, folic acid) in quantities adequate to cover the needs of the target groups, and (b) the establishment of a system of micronutrient distribution through the health units within the framework of the minimum package of activities of the Bamako Initiative and the health care centres and through community structures. The project is also intended to: (a) motivate the community for the consumption of vitamin A-rich foodstuffs; (b) provide assistance to the Government to popularize the use of iodized salt throughout the country and especially in the goitre-endemic pockets; (c) establish a system of monitoring and evaluation of these activities, and (d) support the national services concerned in carrying out regular monitoring of the contents of commercial iodized salt.

Basic education

41. All the activities of this programme should contribute to achieving the following objectives: (a) increasing the overall rate of enrolment to 60 per cent between now and the year 2000 (a rate of 40 per cent for girls); (b) increase literacy and improve the quality of the functional education of adults by 40 per cent, and (c) extend the activities of infant stimulation to a greater number of children. The programme includes three projects for basic education, the education of women and early childhood development. These projects will first be tried out in 14 provinces and then gradually extended to the entire country.

42. The basic education project will provide access to basic education to a larger number of school-age children, including girls, while improving the apprenticeship environment and teaching quality. The project includes two subprojects relating to basic school education and basic non-school education. The beneficiary groups are children aged 7 to 9 in the CP1/CP2 classes of primary schools and satellite schools and young people aged 10 to 15 in the non-school basic education centres. The project will carry out the following activities: (a) experimental research, monitoring and evaluation in the field by the collection of relevant data; (b) revision of the curricula; (c) the training of teachers in new teaching methods, including the motivation of multigrade classes; (d) the training of school directors and staff of the provincial basic education directorates in the planning, management and supervision of the educational sector; (e) the opening and provision with supplies and equipment of satellite schools; and (f) the organization of community participation, including co-financing and co-management, in the educational system.

43. The women's education project will contribute to: (a) improving the internal effectiveness of the structures responsible for the functional education of women; and (b) the adoption of the associated structures to the training of women for greater independence. The activities of the project will be organized around research and experimentation and a monitoring which will include the identification of community needs and institutions which can play a motor role in the training of women; the preparation of programmes and the production of teaching materials; the establishment of training programmes; and social mobilization to arouse community demand and support.

44. The objectives of the early childhood development project are to establish informal spaces for the stimulation and protection of young children, to educate communities and families on the needs of children and to encourage community child care based on the principle of solidarity. The project's main strategy will be to develop affordable activities to be undertaken at the family and community level. Within the framework of these activities, the project will establish, in cooperation with families and NGOs, inexpensive structures of shelter, stimulation, apprenticeship and the discovery by children of society and the environment. These structures will be attached as a matter of priority to satellite schools and non-school basic education centres, in order to promote the enrolment of girls, who will thus be freed of the burden of taking care of younger children. These structures will also provide a framework for the education of mothers in monitoring child health and nutrition.

Water, sanitation and environment

45. The goals of the programme are the following: (a) to reach 80 per cent of complete basic sanitation coverage in urban areas and 50 per cent in rural areas by the year 2000; (b) to promote better management of natural resources (water, wood, soil) at the community level; and (c) to consolidate the results achieved with respect to dracunculiasis eradication. The main strategies to be used for achieving these objectives will be: (a) the effective decentralization of governmental responsibilities and functions at the local level in order to facilitate actual community participation in the management of the programme; (b) the application of the principles of cost-sharing and the establishment of credit and revolving fund plans at the community level; (c) the standardization, at the national level, of the pumps used; (d) the establishment of a continuous and decentralized repair and maintenance system; (e) the use of appropriate and financially affordable technologies; (f) the strengthening of education with regard to hygiene, environment and health; (g) the extension of water and sanitation services to the population of the deficitary and ecologically high-risk areas as a matter of priority; (h) emphasis on efficient water management; (i) the training of local staff to maintain and manage the installations; and (j) the integration of the needs and roles of women into the projects. This programme is made up of two projects, one for water supply, management of natural resources and hygiene in rural areas and the other on urban hygiene and sanitation.

46. The rural water, natural resource management and hygiene project is intended to: (a) ensure the permanent functioning of 90 per cent of the water points by the year 2000; (b) reduce the average down time of the pumps, which is at present 72 hours; (c) increase the competence of 1,500 village communities

with respect to the management of hydraulic works between now and the year 2000; (d) reduce the time spent by women on water and wood collection by 30 per cent; (e) increase the actual amount of per capita water use from 10 to 15 litres to 25 to 30 litres per day; (f) ensure better management of natural resources in 10 per cent of the village communities in which the project is being carried out; and (g) ensure the adoption of appropriate behaviour with regard to hygiene and sanitation of 50 per cent of the women of the target villages. This project will make it possible to: (a) install 200 modern water points (40 per year) and latrines (an average of 25 per village) in the priority villages; (b) provide technical support for data collection, planning and the coordination of the ministries concerned (water, health and environment) at the national and regional level; (c) establish a maintenance system based on the principles of equipment standardization and affordable cost (by the introduction of regulations covering the supply and distribution of spare parts); (d) strengthen the capacity for action (particularly with respect to hygiene, sanitation and the environment) of the water point committees already in existence and create 1,500 additional water committees with 10,500 members, including 6,000 women, in the priority villages; (e) train, recycle and equip 60 village repairmen for infrastructure maintenance; (f) install an adequate water and sanitation system in 1,000 satellite schools and 150 non-school basic education centres; and (g) support the provinces in the organization of environmental restoration workplaces.

47. The objectives of the urban hygiene and sanitation project are to promote better water and solid waste management and to find an adequate system of waste evacuation for the eight municipalities; to facilitate a sustained dialogue between these eight municipalities and among the sub-integrated urban communities in order to establish the responsibilities of each party in environmental management; to strengthen the capacity of the urban authorities for technical action and management; to develop participative and broad-based methods of information-education-communication (IEC) activities in poor urban areas; and to introduce appropriate low-cost technology to improve the systems of sanitation, household waste disposal and waste and rain water drainage. The activities of this project will include: (a) the establishment of a socio-economic and cultural data bank to facilitate planning and implementation and highlight monitoring indicators; the organization of monthly and quarterly meeting with the various participants in the supply chain in order to ensure permanent access to safe water at an affordable price; (c) the identification, listing and awareness-raising of groups of women to make better use of basic services and induce them to contribute more to the protection and preservation of their environment; and (d) the preparation and dissemination of IEC messages making use of cultural traditions and popular music. The project also includes organizing, training and equipping networks of women leaders for water management and environmental sanitation and the adaptation of basic sanitation technologies and the preparation of manuals and other teaching tools for their construction.

Community development and family support

48. This project is intended to strengthen the capacity of communities to organize and direct themselves for better participation in the solution of the development problems they confront and to contribute to improving the legal and

socio-economic status of women. It is also intended to improve the living conditions of disadvantaged urban and peri-urban populations and to ensure the protection of children living in especially difficult circumstances.

49. The strategies which will make it possible to achieve these objectives are: (a) identification of the mechanisms of community solidarity in seeking contributions from members through cost-sharing (this strategy will make it possible to avoid excluding the most disadvantaged populations by charging for services); (b) the focusing and convergence of the different sectoral activities at the level of the areas chosen for the implementation of the programme; and (c) agreement and cooperation between the responsible officials of the public and private services and NGOs functioning in the areas chosen and the establishment of agreement between those officials and the population of the areas. Three projects will be implemented: one for the strengthening of community capacities, one for improvement of the condition of women and young and adolescent girls in the community; and one for the improvement of living conditions in disadvantaged urban areas and the protection of children living in especially difficult circumstances.

50. The project for the strengthening of community capacities is intended to: (a) enhance the ability of the communities to identify development problems in their immediate environment and find the solutions and resources needed to solve those problems through micro-planning; (b) increase the ability of social planners at the local level, within the framework of decentralized planning, to take into account and use the community participation dimension and be aware of the imperative need for equity in planning; (c) provide for the social reintegration of children living in especially difficult circumstances; and (d) develop a national policy for meeting the needs of disadvantaged urban groups on the basis of including these populations as priority target groups in the country's social and health programmes. The project will carry out the following activities: (a) basic studies in each of the country's six largest cities to identify the most disadvantaged urban areas of those cities; (b) in cooperation with each of the sectoral programmes concerned, provide the disadvantaged urban groups with basic educational, health, water and sanitation services as a means of accelerating achievement of the decade goals; (c) establish community financing machinery for the management of simple and appropriate infrastructures for environmental improvement (latrines, drains and waste evacuation structures); and (d) training of social planners in methods of problem identification and the planning of programmes for disadvantaged urban groups.

51. The goals of the project for improvement of the condition of women, young girls and adolescent girls in the community are to reduce the obstacles strewn throughout the life cycle of girls in various areas, such as education, health, harmful practices and stereotypes; strengthen the legal status of women, increase the capacities and authority of the women's coordination structures and strengthen the role of the women's movements; increase access by women to the means of economic production (financial and technological resources, access to land use, acquisition of technical training) in the interests of poverty reduction; and increase the ability and capacities of women to better fulfil their role as equally responsible partners with men in achieving food security

at the family level. This last objective should be pursued from a "gender" perspective at the family level.

52. The project will make it possible to carry out, in cooperation with the education programme, activities intended to combat practices unfavourable to girls by emphasizing changes in perception of the respective roles of girls and boys. Cooperation with the health and nutrition programme and the strengthening of legislation will make it possible to provide appropriate health services for girls and to combat harmful practices such as early marriage, excision and levirate. Activities intended to strengthen the legal status of women will be carried out with other partners such as the United Nations Fund for Population Activities (UNFPA) within the framework of its IEC programme, and Netherlands Cooperation. They will consist of preparing a repertory of resources available to women in certain key areas (credit, education, health programmes, etc.) and of reviewing studies already carried out by various organizations and offices in order to harmonize the results and bring up to date the profile of Burkinabian women. The project will also facilitate the implementation of institutional support activities which will include technical, financial and logistical assistance to the Government to implement the national strategies for increasing the capacity of women; the training of leaders of the village women's groups in the planning, administration and implementation of development projects and programmes; and the establishment of alliances between the governmental structures, specialized agencies and other partners in order to create an environment favouring the participation of women in the process of decentralization and democratization and better representation of women in decision-making bodies.

53. The project will also carry out activities to increase access by women to appropriate technology and additional resources through credit. With regard to credit, the project will make it possible to identify and support, technically and financially as well as logistically, national institutions able to grant credit to small women's enterprises so that they can develop, within the framework of the formal financial system, a system of savings and credit for production accessible to and adapted to the needs of economically disadvantaged women. The system so developed should provide for a permanent and self-renewing flow of financial resources. From this perspective, the project for women and young and adolescent girls will cooperate with both the Government and the World Bank project for the training of illiterate women in management to strengthen the support fund for remunerative activities by women financed by the United Nations Development Programme (UNDP). To accompany the credit activities, the project will make possible the training and awareness-raising of the women in question so that they can best take advantage of the credit system established to increase their productivity, market their products and improve family living conditions and so that they understand that the additional income derived from the loans will be invested as a matter of priority in health, nutrition and education, including the satellite schools. The credit activity will also be coordinated with the household food security activities by providing inputs in the form of agricultural tools, financed by credit, to the women's groups, and training in appropriate production techniques and diversification for the production of micronutrient-rich foodstuffs near water points and gardens in cooperation with the water and sanitation project. Other project activities, which will be coordinated with the health and nutrition project, will involve

nutritional education for women through the women's networks and village women's groups; informing men about nutrition and household food security; and the establishment of a system of community care and monitoring of undernourished children through the women's networks.

54. The project for the improvement of living conditions in disadvantaged urban areas and the protection of children living in especially difficult circumstances is intended to: (a) increase basic service coverage, including water, sanitation, education and health, for the population of disadvantaged urban areas; this objective, which will be pursued in cooperation with the other sectoral programmes concerned, will make it possible to accelerate achievement of the overall goals of the World Summit for Children in Burkina Faso; (b) increase the capacity of the people of disadvantaged urban areas to organize themselves in order to better manage and improve their immediate environment; (c) make available to young people and children living in especially difficult circumstances the services and infrastructures making possible their social reintegration; and (d) consolidate a national policy meeting the needs of the population of disadvantaged urban areas, on the basis of the inclusion of these populations in the country's health and social programmes as priority target groups.

55. The project will facilitate the carrying out of basic studies in each of the country's six largest cities to identify the most disadvantaged urban areas and the provision of basic services to disadvantaged urban populations in the fields of basic education, health, water and sanitation, as a means of accelerating achievement of the goals of the year 2000. These activities will be carried out in cooperation with each of the sectoral programmes concerned, including: (a) the project for the strengthening of community capacities through the establishment of community financing machinery to take charge of simple and appropriate infrastructures, including latrines and drains, to improve the environment; (b) the health programme, through activities to assist children with AIDS and AIDS orphans and for AIDS prevention; and (c) the project for the training of social planners on specific themes relating to the problems of disadvantaged urban populations.

Monitoring and evaluation

56. An integrated monitoring and evaluation plan covering all the programmes has been worked out. Monitoring indicators have been identified for each programme. They include input, output and impact indicators. The indicators not applicable to the sectoral programmes will be incorporated into the social planning, monitoring and evaluation programmes. Surveys, studies and evaluations making continuous readjustment possible will be organized throughout the cycle. One of the methods will be use of the 1993 census basis to measure achievement of the 1995 interim goals. Annual reviews of the country programme will be conducted and serve as the basis for annual programming. A mid-term review will be carried out in the middle of the cycle as well as a final review in order to make it possible to follow the development of the programme.

Resource mobilization

57. There are good prospects, as is shown by the preceding programme, which mobilized $8.6 million in supplementary resources for the 1994-1995 period through Government financing following a loan it received from the International Association for Development for Health, from the Canadian Government for education, and from other donors.

Cooperation with other partners

58. The objectives for the year 2000 laid down in the National Action Programme will only be achieved through synergistic activities by all the partners in the social sector. This will make possible the maximum use of limited resources. The practices initiated during the implementation of the previous cooperation programme, which made it possible to achieve consensus among all the actors on the definition and formulation of sectoral policies, will be continued. In the field of education, the UNICEF assistance now in progress with funding from the Canadian Cooperation Agency will be continued, supplementing that of the United Nations Educational, Scientific and Cultural Organization and the World Bank. The World Health Organization, UNFPA, the United States Agency for International Development, the European Union and the French, German and Italian cooperators will continue to be important partners in ensuring national coverage by the basic health centres. Cooperation with UNDP, the United Nations Food and Agriculture Organization, the World Bank and Netherlands Cooperation will continue to support the nutrition and food security, community development and support for women and families activities. With respect to water, Netherlands Cooperation and UNICEF will combine their efforts to make possible increased access and institutional strengthening.

59. The coordination of operations within the United Nations system is a priority. It will be ensured both at the overall level, under the auspices of the resident Coordinator, and at the technical level. The note on strategy to be prepared later will provide a frame of reference for planning the activities of the United Nations bodies. Inter-institutional coordination will be strengthened through joint and complementary actions in various programmes, projects and activities. Cooperation with both the national and international NGOs for the implementation of the cooperation programme and the National Action Programme will also be strengthened.

Management of the country programme

60. The Ministry of the Economy, Finance and Planning, and in particular the General Directorate of Planning, will coordinate the programme of cooperation between Burkina Faso and UNICEF. The preparation of the annual action plans, annual progress reviews and mid-term and final evaluations will be carried out under their auspices. The national committee for monitoring and evaluation of the National Action programme will be responsible for monitoring the progress made towards the objectives of the year 2000.

61. The Representative is in charge of the UNICEF office. An international administrator will be responsible for the programme team for planning, monitoring and evaluation, with the technical and operational support of

national and international administrators. A chief of operations will coordinate finances, administration, supplies and logistics as well as personnel administration.

Table 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Burkina Faso	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	175	(1993)	Very high U5MR
Infant mortality rate	99	(1993)	Very high IMR
GNP per capita	$ 300	(1992)	Low-income GNP
Total population	9.8 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	266	329	425	458
Infant deaths (under 1)	(thousands)	43	44	45	45
Under-five deaths	(thousands)	73	81	83	80
Under-five mortality rate (per 1,000 live births)		275	246	194	175
Infant mortality rate (under 1) (per 1,000 live births)		162	135	107	99

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1993)	Moderate & severe	..	30
	Severe	..	8
Babies with low birth weight (%, 1979)		21	..
Primary school children reaching grade 5 (%, 1980/1991)		75	63

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1993)	..	3
Timely complementary feeding rate (6-9 mos.) (%, 1993)	..	35
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1993)	..	13
Prevalence of stunting (0-59 mos.) (%, 1993)	..	29
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	86	94
Total goitre rate (1987)	..	16
Household expenditure (% of total income)	All food/cereals ..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1991)		9	15
Access to health services (% of population, 1980)	Total	49	..
	Urban/rural	51 / 48	.. / ..
Access to safe water (% of population, 1980/1991)	Total	30	56
	Urban/rural	27 / 31	51 / 72
Access to adequate sanitation (% of population, 1980/1991)	Total	..	25
	Urban/rural	38 / 5	88 / 15
Births attended by trained personnel (%, 1993)			42
Maternal mortality rate (per 100,000 live births, 1986)		..	810

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	16	17	84	72
	DPT	2	9	37	47
	Polio	2	10	37	47
	Measles	23	38	42	42
Pregnant women (%) immunized against:	Tetanus	11	4	76	36

TABLE 1 (continued)

Burkina Faso

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1991)	Total	18 / 15	37 / ..
	Male	23 / 19	46 / ..
	Female	14 / 11	29 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1991)	Total	3 / ..	8 / 7
	Male	4 / ..	10 / ..
	Female	2 / ..	5 / ..
Adult literacy rate, 15 years & older (%, 1975/1990)	Total	9	18
	Male/female	15 / 3	28 / 9
Radio/television sets (per 1,000 population, 1980/1991)		18 / 3	26 / 5

DEMOGRAPHIC INDICATORS		1970	1980	1990	1995	2000
Total population	(thousands)	5550	6957	8995	9788	11833
Population aged 0-15 years	(thousands)	2525	3205	4161	4578	5572
Population aged 0-4 years	(thousands)	994	1213	1638	1799	2085
Urban population (% of total)		5.8	8.5	15.2	18.0	24.2
Life expectancy at birth (years)	Total	40	44	48	48	50
	Male	39	42	46	47	49
	Female	42	46	49	50	52
Total fertility rate		6.4	6.5	6.5	6.5	5.8
Crude birth rate (per 1,000 population)		48	47	47	46	43
Crude death rate (per 1,000 population)		25	21	18	17	16

		About 1980	Most recent
Contraceptive prevalence rate (%, 1993)		..	7.9
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.3	2.6
	Urban	5.5	8.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1992)		1.7	1.0
Inflation rate (%, 1970-1980/1980-1992)		9	4
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1987)	Health/education	.. / ..	5 / 14
	Defence	..	18
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance: (1981/1992)	$US millions	217	444
	As % of GNP	17	15
Debt service (% of goods and services exports, 1982/1992)		8	8

Table 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1994-1995 a/

COUNTRY: BURKINA FASO
LATEST BOARD APPROVAL: 1994 b/
GENERAL RESOURCES: $8 300 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	1 229	142	86	7	220		1 058	403	2 593	3 850	552	8 035	3 145	11 885
Water supply and sanitation	342		16		163		728		1 249	540		2 850	1 249	3 390
Education	136	18	116	8	46		194	154	492	680	180	2 780	672	3 460
Community organization and development	204		15		138		339	44	696	1 190	44	1 075	740	2 265
Social mobilization and advocacy	27		18				268		313	600			313	600
Planning and social statistics	7		8				110		125	325		820	125	1 145
Programme support	57		28				672	47	757	1 115	47		804	1 115
GRAND TOTAL	2 002	160	287	15	567		3 369	648	6 225 c/	8 300	823	15 560 d/	7 048	23 860

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.

b/ The programme approved in 1994 was for a one-year bridging programme for the period 1994-1995 in the amount of $2 800 000 (E/ICEF/1994/P/L.20). In addition, in 1993, the Executive Board approved a two-year bridging programme for the period 1993-1994 in the amount of $5 500 000 (E/ICEF/1993/P/L.25).

c/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.

d/ Of this amount, $6 900 000 remains unfunded.

/...

Table 3. PLANNED EXPENDITURE, 1996-2000

(In thousands of United States dollars)

Country: BURKINA FASO **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Planning and social statistics	GR	225	225	225	225	225	1 125
	NSF	275	275	275	275	275	1 375
Social mobilization and advocacy	GR	320	320	320	320	320	1 600
	NSF	435	455	455	455	455	2 255
Health and nutrition	GR	505	505	505	505	505	2 525
	NSF	2 575	2 070	2 130	2 370	2 230	11 375
Education	GR	500	500	500	500	500	2 500
	NSF	1 329	1 694	2 219	2 113	2 155	9 510
Water supply and sanitation	GR	480	480	480	480	480	2 400
	NSF	1 640	1 660	1 690	1 525	1 520	8 035
Children in especially difficult circumstances	GR	420	420	420	420	420	2 100
	NSF	345	605	295	298	282	1 825
Programme support	GR	350	350	350	350	350	1 750
TOTAL	GR	2 800	2 800	2 800	2 800	2 800	14 000
	NSF	6 599	6 759	7 064	7 036	6 917	34 375
GRAND TOTAL		9 399	9 559	9 864	9 836	9 717	48 375

GR = General resources.
NSF = New programmes for supplementary funding.